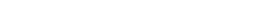


Issue Classification 	Application No.	Applicant(s)
	10/645,230	HSIA, BEN M.
	Examiner	Art Unit
	J. Allen Shriver	3618

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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2	2	32	62	92	122	152	182
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4	4	34	64	94	124	154	184
5	5	35	65	95	125	155	185
6	6	36	66	96	126	156	186
1	7	37	67	97	127	157	187
2	8	38	68	98	128	158	188
3	9	39	69	99	129	159	189
4	10	40	70	100	130	160	190
5	11	41	71	101	131	161	191
6	12	42	72	102	132	162	192
	13	43	73	103	133	163	193
14		44	74	104	134	164	194
15		45	75	105	135	165	195
16		46	76	106	136	166	196
17		47	77	107	137	167	197
18		48	78	108	138	168	198
19		49	79	109	139	169	199
20		50	80	110	140	170	200
21		51	81	111	141	171	201
22		52	82	112	142	172	202
23		53	83	113	143	173	203
24		54	84	114	144	174	204
25		55	85	115	145	175	205
26		56	86	116	146	176	206
27		57	87	117	147	177	207
28		58	88	118	148	178	208
29		59	89	119	149	179	209
30		60	90	120	150	180	210